Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Summary		
Update Existing Test	7/21/2025	AABG - "Amoeba (E histolytica) Ab, IgG"
Update Existing Test	7/21/2025	ACPT - "Acid Phosphatase, Total, Serum"
Update Existing Test	7/1/2025	ADDS - "DNA (ds) Antibody"
Update Existing Test	7/7/2025	AHPR - "Acute Hepatitis Panel"
Update Existing Test	7/21/2025	ASAFB - "Antimicrobial Susceptibility, AFB/Mycobacteria"
Update Existing Test	7/21/2025	ASHKE - "Ashkenazi Jewish Mutation"
Update Existing Test	7/21/2025	BILAT - "Bile Acids, Total"
Update Existing Test	7/21/2025	BIS - " Bismuth, Whole Blood"
Update Existing Test	7/8/2025	BRCAP - "BRCA Panel (BRCA1, BRCA2)"
Update Existing Test	7/21/2025	CADEP - "Cadmium Exposure Panel-OSHA"
Update Existing Test	7/8/2025	CIFAS - "Cutaneous Immfluor. Ab, IgG/IgG4, S"
Update Existing Test	7/21/2025	COBLD - " Cobalt, Whole Blood"
Update Existing Test	7/21/2025	COBS - "Cobalt, Serum"
Update Existing Test	7/21/2025	ECHIG - "Echinococcus Antibody IgG"
Update Existing Test	8/4/2025	GHBSP - "Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ser"
Update Existing Test	7/7/2025	HAAB - "Hepatitis A Antibody, Total"
Update Existing Test	7/7/2025	HAM - "Hepatitis A Antibody, IgM"
Update Existing Test	7/7/2025	HBCAB - "Hepatitis B Core Antibody, Total"
Update Existing Test	7/7/2025	HBCM - "Hepatitis B Core Antibody, IgM"
Update Existing Test	7/7/2025	HBSAB - "Hepatitis B Surface Antibody"
Update Existing Test	7/7/2025	HBSAG - "Hepatitis B Surface Antigen"
Update Existing Test	7/7/2025	HBVSC - "Hepatitis B Screening Panel"
Update Existing Test	7/7/2025	HCVR - "Hepatitis C Antibody, Diagnostic, with reflex to PCR"
Update Existing Test	7/7/2025	HCVSR - "Hepatitis C Antibody, Screening, with reflex to PCR"
Update Existing Test	7/1/2025	HPEP - "Hypersensitivity Pneumonitis Extended Panel"
Update Existing Test	7/8/2025	LPA - "Lipoprotein LP(a)"
Update Existing Test	7/21/2025	NMETD - "N-methyl-D-Aspartate Rcptr Ab, IgG, Ser"
Update Existing Test	7/28/2025	NTELU - "Collagen Cross Linked N Telopeptide (NTx), 24H U"
Update Existing Test	7/28/2025	NTXUR - "Collagen Cross Linked N Telopeptide, Urine"
Update Existing Test	7/21/2025	PBINP - " Lead, Industrial, Whole Blood"
Update Existing Test	7/21/2025	PHGAM - "Phosphatidylserine Antibodies, IgG, IgM, and IgA"
Update Existing Test	7/8/2025	UMERA - " Mercury, 24 Hour Urine"
Update Existing Test	7/21/2025	ZNIC - "Nickel"
Inactivate Test With Replacement	7/21/2025	DPYDV - "Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants" replaced by DPYDA - "Dihydropyrimidine Dehydrogenase (DPYD)"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement	7/1/2025	MAGAB - "MAG Autoantibody" replaced by MAGME - "Myelin-Associated Glycoprotein (MAG) Ab, IgM, EIA"
Inactivate Test With Replacement	7/29/2025	PBKQL - "BK Virus DNA PCR, Qualitative, Plasma" replaced by BKQLP - "BK Virus DNA PCR, Qualitative, Plasma"
Inactivate Test With Replacement	7/29/2025	PBKQN - "BK Virus DNA PCR, Quantitative, Plasma" replaced by BKQNP - "BK Virus DNA PCR, Quantitative, Plasma"
Inactivate Test With Replacement	7/29/2025	RBMA - "Renal Pathology Consultation" replaced by RPCWT - "Renal Pathology Consultation, Wet Tissue"
Inactivate Test With Replacement	7/29/2025	TESF - "Free Testosterone" replaced by TESB - "Testosterone, Free, Bioavailable and Total, MS"
Inactivate Test With Replacement	7/29/2025	UBKQL - "BK Virus DNA PCR, Qualitative, Urine" replaced by BKQLU - "BK Virus DNA PCR, Qualitative, Urine"
Inactivate Test With Replacement	7/29/2025	UBKQN - "BK Virus DNA PCR, Quantitative, Urine" replaced by BKQNU - "BK Virus DNA PCR, Quantitative, Urine"
Inactivate Test Without Replacement	7/21/2025	B27A - "HLA B-27 Genotyping (Confirmation)"
Inactivate Test Without Replacement	7/21/2025	LACPL - "Lactic Acid, Plasma"
Inactivate Test Without Replacement	7/21/2025	TPRHH - "ThinPrep with reflex to HPV High Risk E6/E7"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/21/2025
Name	Amoeba (E histolytica) Ab, IgG
Code	AABG
Interface Order Code	3680600
Legacy Code	AABAR
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Tuesday**
Turnaround Time	**3 - 11 days**

Update Existing Test	
Effective Date	7/21/2025
Name	Acid Phosphatase, Total, Serum
Code	ACPT
Interface Order Code	3680050
Legacy Code	ACPTARP
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	**Serum separator tube (SST)**

Update Existing Test	
Effective Date	7/1/2025
Name	DNA (ds) Antibody
Code	ADDS
Interface Order Code	3000200
Legacy Code	ADDS
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	**Plasma: Lavender EDTA**

Update Existing Test	
Effective Date	7/7/2025
Name	Acute Hepatitis Panel
Code	AHPR
Interface Order Code	3001485
Legacy Code	AHPR
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/21/2025
Name	Antimicrobial Susceptibility, AFB/Mycobacteria
Code	ASAFB
Interface Order Code	3600499
Legacy Code	ASAFB
Notes	Update to specimen requirements, rejection criteria, stability, and methodology.
Required Testing Changes	
Specimen Required	***Collect:*** **Actively growing isolate in pure culture.** ***Specimen Preparation:*** **Transport sealed container with pure isolate on solid or liquid media. Place each isolate in an individually sealed bag.** *Transport Temperature:* Room temperature
Rejection Criteria	**Mixed isolates or non-viable organisms. M. tuberculosis complex isolates submitted on an agar plate.**
Stability	Room temperature: 2 weeks Refrigerated: 2 weeks **Frozen: Unacceptable**
Methodology	**Broth Macrodilution/Broth microdilution**

Update Existing Test	
Effective Date	7/21/2025
Name	Ashkenazi Jewish Mutation
Code	ASHKE
Interface Order Code	3515020
Legacy Code	ASHKEN
Notes	Update to specimen requirements, alternate specimen, stability, methodology, and turnaround time.
Required Testing Changes	
Specimen Required	*Collect:* Lavender EDTA ***Specimen Preparation:*** **Send 3.0 mL whole blood in a screw capped plastic vial.** *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	**Yellow ACD solution A or B, Pink K2 EDTA**
Stability	**Room temperature: 72 hours** **Refrigerated: 7 days** **Frozen: 30 days**
Methodology	**Polymerase Chain Reaction (PCR)/Fluorescence Monitoring**
Turnaround Time	**7 - 12 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/21/2025
Name	Bile Acids, Total
Code	BILAT
Interface Order Code	3600347
Legacy Code	BILAT
Notes	Update to stability.
Required Testing Changes	
Stability	After separation from cells: **Room temperature: 24 hours** Refrigerated: 14 days Frozen: 3 months

Update Existing Test			
Effective Date	7/21/2025		
Name	Bismuth		
Code	BIS		
Interface Order Code	3500563		
Legacy Code	BIS		
Notes	Update to test name and result component name.		
Required Testing Changes			
Name	**Bismuth, Whole Blood**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3500563	**Bismuth, Whole Blood**	8161-2	No

Update Existing Test	
Effective Date	7/8/2025
Name	BRCA Panel (BRCA1, BRCA2)
Code	BRCAP
Interface Order Code	3400510
Legacy Code	BRCAP
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**14 - 21 days from completed pre-authorization**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test

Effective Date	7/21/2025
Name	Cadmium Exposure Panel-OSHA
Code	CADEP
Interface Order Code	3687700
Legacy Code	CADEXP
Notes	Update to result component name.

Required Testing Changes

Result Code	Name	LOINC Code	AOE/Prompt
3687710	Creatinine, Urine - per volume	2161-8	No
3687720	Cadmium, Urine - ratio to CRT	13471-8	No
3687730	Cadmium, Urine - per volume	5611-9	No
3687740	Beta 2 Microglobulin, ratio to CRT	13485-8	No
3687750	pH, Urine	2756-5	No
3687760	Beta 2 Microglobulin, Urine	1953-9	No
3687770	**Cadmium, Whole Blood**	5609-3	No

Update Existing Test

Effective Date	7/8/2025
Name	Cutaneous Immfluor. Ab, IgG/IgG4, S
Code	CIFAS
Interface Order Code	3800413
Legacy Code	CIFAS
Notes	Update to CPT codes.

Required Testing Changes

CPT Code(s)	**88346, 88350, plus 88350 if reflexed to titer**

Update Existing Test

Effective Date	7/21/2025
Name	Cobalt - Blood
Code	COBLD
Interface Order Code	3619940
Legacy Code	COBBARP
Notes	Update to test name, result component name, and reference range.

Required Testing Changes

Name	**Cobalt, Whole Blood**
Reference Range	**Less than or equal to 3.9 ug/L**

Result Code	Name	LOINC Code	AOE/Prompt
3619940	**Cobalt, Whole Blood**	5625-9	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/21/2025
Name	Cobalt, Serum
Code	COBS
Interface Order Code	3689080
Legacy Code	COBSARP
Notes	Update to specimen requirements and alternate specimen.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and nonessential over-the-counter medications (upon the advice of their physician).** ***Collect:*** **Dark blue trace element no additive** ***Specimen Preparation:*** **Centrifuge and separate serum from cells within 2 hours of collection. Send 2.0 mL serum room temperature in a blue capped ARUP metal-free screw capped plastic vial. Please contact laboratory for metal-free screw capped plastic vials. Specimens in other containers will be rejected. Do not use utensils (i.e., syringes, needles, or pipettes) in the collection or transfer of the sample, pour directly into transport tube.** *Minimum Volume:* 0.5 mL *Transport Temperature:* Room temperature
Alternate Specimen	Plasma: Dark blue trace element (K2EDTA), **Dark blue sodium heparin**

Update Existing Test	
Effective Date	7/21/2025
Name	Echinococcus Antibody IgG
Code	ECHIG
Interface Order Code	3620500
Legacy Code	ECHINOCAR
Notes	Update to rejection criteria, stability, methodology, reference range, performed days, and turnaround time.
Required Testing Changes	
Rejection Criteria	**Contaminated, heat-inactivated, grossly hemolyzed, or severely lipemic specimens**
Stability	Room temperature: 48 hours Refrigerated: 14 days **Frozen: 1 month**
Methodology	**Semi-quantitative Enzyme Linked Immunosorbent Assay (ELISA)**
Reference Range	**0 - 8 U Negative**
Performed Days	**Tuesday**
Turnaround Time	**3 - 10 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	8/4/2025
Name	Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ser
Code	GHBSP
Interface Order Code	3300067
Legacy Code	GHBSP
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**6 - 10 days (If positive: 8 - 15 days)**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis A Antibody, Total
Code	HAAB
Interface Order Code	3000710
Legacy Code	HAAB
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis A Antibody, IgM
Code	HAM
Interface Order Code	3010010
Legacy Code	HAM
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis B Core Antibody, Total
Code	HBCAB
Interface Order Code	3000680
Legacy Code	HBCAB
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis B Core Antibody, IgM
Code	HBCM
Interface Order Code	3010200
Legacy Code	HBCM
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis B Surface Antibody
Code	HBSAB
Interface Order Code	3001640
Legacy Code	HBSAB
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis B Surface Antigen
Code	HBSAG
Interface Order Code	3000660
Legacy Code	HBSAG
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis B Screening Panel
Code	HBVSC
Interface Order Code	3000530
Legacy Code	HBVSC
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis C Antibody, Diagnostic, with reflex to PCR
Code	HCVR
Interface Order Code	3001440
Legacy Code	HCVR
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**5 days**

Update Existing Test	
Effective Date	7/7/2025
Name	Hepatitis C Antibody, Screening, with reflex to PCR
Code	HCVSR
Interface Order Code	3001452
Legacy Code	HCVSR
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**5 days**

Update Existing Test	
Effective Date	7/1/2025
Name	Hypersensitivity Pneumonitis Extended Panel
Code	HPEP
Interface Order Code	3600507
Legacy Code	HPEP
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**86003, 86005, 86606 x 5, 86606 x 5**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/8/2025
Name	Lipoprotein LP(a)
Code	LPA
Interface Order Code	3000408
Legacy Code	LPA
Notes	Update to New York approval and example report on website.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**

Update Existing Test	
Effective Date	7/21/2025
Name	N-methyl-D-Aspartate Rcptr Ab, IgG, Ser
Code	NMETD
Interface Order Code	3600159
Legacy Code	NMETD
Notes	Update to alternate specimen and stability.
Required Testing Changes	
Alternate Specimen	**Red top**
Stability	**After separation of cells:** Room temperature: 48 hours Refrigerated: 14 days Frozen: 1 year

Update Existing Test	
Effective Date	7/28/2025
Name	Collagen Cross Linked N Telopeptide (NTx), 24H U
Code	NTELU
Interface Order Code	3400922
Legacy Code	NTELU
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Saturday**
Turnaround Time	**3 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/28/2025
Name	Collagen Cross Linked N Telopeptide, Urine
Code	NTXUR
Interface Order Code	3715700
Legacy Code	NTXURSP
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Saturday**
Turnaround Time	**3 – 5 days**

Update Existing Test		
Effective Date	7/21/2025	
Name	Lead, Industrial Exposure Panel, Adults	
Code	PBINP	
Interface Order Code	3600489	
Legacy Code	PBINP	
Notes	Update to test name and reference range.	
Required Testing Changes		
Name	**Lead, Industrial, Whole Blood**	
Reference Range	Components	Reference Interval
	Lead, Industrial, Whole Blood	Less than or equal to **3.4** µg/dL
	Zinc Protoporphyrin, Blood	0-40 µg/dL
	Zinc Protoporphyrin (ZPP) Whole Blood Ratio	0-69 µmol ZPP/mol heme

Update Existing Test	
Effective Date	7/21/2025
Name	Phosphatidylserine Antibodies, IgG, IgM, and IgA
Code	PHGAM
Interface Order Code	3703180
Legacy Code	PHOSGMASP
Notes	Update to performed days.
Required Testing Changes	
Performed Days	**Monday, Wednesday, Friday**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Update Existing Test	
Effective Date	7/8/2025
Name	Mercury Urine
Code	UMERA
Interface Order Code	3671570
Legacy Code	UMERARP
Notes	Update to test name.
Required Testing Changes	
Name	**Mercury, 24 Hour Urine**

Update Existing Test	
Effective Date	7/21/2025
Name	Nickel
Code	ZNIC
Interface Order Code	3508030
Legacy Code	NIC
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	*Patient Preparation:* Diet, medication and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and nonessential over-the-counter medications (upon advice of their physician). *Collect:* Dark blue trace element no additive. *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection and send 2.0 mL serum in a blue-capped ARUP metal-free screw capped plastic vial. **Do not use utensils (i.e., syringes, needles, or pipettes) in the collection or transfer of the sample, pour directly into transport tube.** *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement			
Effective Date	7/21/2025		
Inactivated Test			
Name	Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants		
Code	DPYDV		
Legacy Code	DPYDV		
Interface Order Code	3600414		
Replacement Test			
Name	Dihydropyrimidine Dehydrogenase (DPYD)		
Code	DPYDA		
CPT Code(s)	81232		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send 3.0 mL whole blood. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Whole blood: Yellow ACD A or B		
Rejection Criteria	Plasma or serum, heparinized specimens. Frozen specimens in glass collection tubes.		
Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Polymerase Chain Reaction (PCR)/Fluorescence Monitoring		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	7 - 12 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	DPYDA		
Interface Order Code	3600534		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600416	DPYD Specimen	31208-2	No
3600536	DPYD Allele 1		No
3600537	DPYD Allele 2		No
3600418	DPYD Phenotype	104284-5	No
3600419	DPYD Interpretation	79719-1	No
3600421	EER Dihydropyrimidine Dehydrogenase	11526-1	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 06:55 Received: 06/18/2025 06:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
Dihydropyrimidine Dehydrogenase (DPYD)					
DPYD Specimen	Whole Blood				ARRL
DPYD Allele 1	***2A**	**AB**			ARRL
DPYD Allele 2	***13**	**AB**			ARRL
DPYD Phenotype	**Poor**	**AB**			ARRL
DPYD Interpretation	See Note				ARRL

This result has been reviewed and approved by Pinar Bayrak-Toydemir, M.D., Ph.D.
BACKGROUND INFORMATION: Dihydropyrimidine Dehydrogenase (DPYD)
CHARACTERISTICS: 5-fluorouracil (5-FU) is the most frequently used chemotherapeutic drug for the treatment of many types of cancer, particularly colorectal adenocarcinoma. Grade III-IV drug toxicity attributed to 5-FU occurs in approximately 16 percent of patients, and may include hematologic, gastrointestinal, and dermatologic complications. In some cases, this toxicity can cause death. When 5-FU is metabolized in the body, approximately 80 percent is catabolized by the dihydropyrimidine dehydrogenase (DPD) enzyme. Variants in the DPYD gene can lead to reduced 5-FU catabolism, resulting in the aforementioned toxicity complications.
INHERITANCE: Autosomal codominant.
CAUSE: DPYD gene mutations.
DPYD Variants Tested:
(Variants are numbered according to NM_000110 transcript)
Nonfunctional alleles and increased toxicity risk:
c.1024G>A (rs183385770)
c.1774C>T (rs59086055)
*13 (c.1679T>G, rs55886062)
*2A (c.1905+1G>A, rs3918290)

Decreased function alleles and increased toxicity risk:
c.557A>G (rs115232898)
c.868A>G (rs146356975)
c.2279C>T (rs112766203)
c.2846A>T (rs67376798)
c.1129-5923C>G (rs75017182)

Functional alleles and normal enzymatic activity:
*1 indicates no variants detected.

METHODOLOGY: Polymerase chain reaction (PCR) and

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H418000000
WX0000003826
Printed D&T: 06/18/25 06:57

Ordered By: CLIENT CLIENT
WX00000000002823

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 06:55 Received: 06/18/2025 06:55

Test Name	Result	Flag	Ref-Ranges	Units	Site

fluorescence monitoring.
ANALYTICAL SENSITIVITY and SPECIFICITY: Greater than 99 percent.
LIMITATIONS: Only the targeted DPYD variants will be detected by this panel. Diagnostic errors can occur due to rare sequence variations. 5-FU drug metabolism, efficacy, and risk for toxicity may be affected by genetic and nongenetic factors that are not evaluated by this test. Genotyping does not replace the need for therapeutic drug monitoring or clinical observation.

Please note the information contained in this report does not contain medication recommendations, and should not be interpreted as recommending any specific medications. Any dosage adjustments or other changes to medications should be evaluated in consultation with a medical provider.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER Dihydropyrimidine Dehydrogenase	See Note				ARRL

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 06/18/2025 06:56 DPYDA

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement			
Effective Date	7/1/2025		
Inactivated Test			
Name	MAG Autoantibody		
Code	MAGAB		
Legacy Code	MAGAAB		
Interface Order Code	3504670		
Replacement Test			
Name	Myelin-Associated Glycoprotein (MAG) Ab, IgM, EIA		
Code	MAGME		
CPT Code(s)	83520		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.2 mL *Transport Temperature:* Refrigerated (cold packs)		
Alternate Specimen	Serum: Red top		
Rejection Criteria	Sample received room temperature		
Stability	Room Temperature: 48 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay		
Reference Range	Normal <1:1600 Moderately Elevated 1:1600-1:3200 Highly Elevated ≥1:6400		
Performed Days	Monday, Thursday		
Turnaround Time	5 - 9 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	MAGME		
Interface Order Code	3401069		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401069	Myelin-Associated Glycoprotein (MAG) Ab, IgM, EIA	39087-2	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 07:02 Received: 06/18/2025 07:02

Test Name	Result	Flag	Ref-Ranges	Units	Site
Myelin-Associated Glycoprotein (MAG) Ab, IgM, EIA	**1:1600**	**H**	<1:1600	titer	QCRL

Reference ranges for MAG Ab (IgM) EIA:

Normal: <1:1600
Moderately Elevated: 1:1600-1:3200
Highly Elevated: >=1:6400

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

Reported Date: 06/18/2025 07:02 MAGME

Performing Site:
QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement			
Effective Date	7/29/2025		
Inactivated Test			
Name	BK Virus DNA PCR, Qualitative, Plasma		
Code	PBKQL		
Legacy Code	BKQUALP		
Interface Order Code	3092790		
Replacement Test			
Name	BK Virus DNA PCR, Qualitative, Plasma		
Code	BKQLP		
CPT Code(s)	87798		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Centrifuge and separate plasma from cells within 8 hours of collection. Send 2.0 mL plasma in a screw capped plastic vial. Dedicated specimens are required. Specimens used in other assays will not be tested. *Minimum Volume:* 1.0 mL *Transport Temperature:* Frozen		
Rejection Criteria	Serum, heparinized specimens, shared specimens, specimens submitted to repeated freeze-thaw cycles, specimens received in non-sterile or leaking containers, specimens that do not meet the storage/handling conditions criteria above.		
Stability	Room temperature: 1 day Refrigerated: 5 days Frozen (-20°C): 30 days Frozen (-70°C): 6 months		
Performing Information			
Methodology	Polymerase Chain Reaction (PCR)		
Reference Range	BKV QUAL: NOT DET (Not detected)		
Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	BKQLP		
Interface Order Code	3000449		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000448	BK Virus DNA, Qualitative, Plasma		No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Molecular

Collected: 06/17/2025 14:48 Received: 06/17/2025 14:48

Test Name	Result	Flag	Ref-Ranges	Units	Site
BK Virus DNA PCR, Qualitative, Plasma					
BK Virus DNA, Qualitative, Plasma	Not detected		Not detected		WMRL

This test utilizes the polymerase chain reaction to amplify sequences from the VP1 region of the BK virus genome. The qualitative limit of detection is 100 copies/mL 2.00 log(10) copies/mL) A “Not detected” result does not rule out infection.

This test uses commercial reagents that have not been approved or cleared by the FDA. The FDA has determined that such clearance or approval is not necessary. The performance characteristics of this procedure were determined by Warde Medical Laboratory.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

Reported Date: 06/17/2025 14:48 BKQLP

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H417000002
WX0000003826
Printed D&T: 06/17/25 14:48

Ordered By: CLIENT CLIENT
WX00000000002823

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement

Effective Date	7/29/2025

Inactivated Test

Name	BK Virus DNA PCR, Quantitative, Plasma
Code	PBKQN
Legacy Code	BKQUANTP
Interface Order Code	3092740

Replacement Test

Name	BK Virus DNA PCR, Quantitative, Plasma
Code	BKQNP
CPT Code(s)	87799
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Centrifuge and separate plasma from cells within 8 hours of collection. Send 2.0 mL plasma in a screw capped plastic vial. Dedicated specimens are required. Specimens used in other assays will not be tested. *Minimum Volume:* 1.0 mL *Transport Temperature:* Frozen
Rejection Criteria	Serum specimens, heparinized specimens, shared specimens, specimens submitted to repeated freeze-thaw cycles, specimens received in non-sterile or leaking containers.
Stability	Room temperature: 1 day Refrigerated: 5 days Frozen (-20°C): 30 days Frozen (-70°C): 6 months

Performing Information

Methodology	Polymerase Chain Reaction (PCR)
Reference Range	BKV QUAL: NOT DET (Not detected) BKV QUANT: <50 IU/mL Log BKV: <1.7 log(10) IU/mL
Performed Days	Monday - Friday
Turnaround Time	1 - 3 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code	BKQNP
Interface Order Code	3000454

Result Code	Name	LOINC Code	AOE/Prompt
3000451	BK Virus DNA, Qualitative, Plasma	32362-6	No
3000452	BK Virus DNA, Quantitative, Plasma	32284-2	No
3000453	Log BK Virus DNA, Plasma	44805-0	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Molecular

Collected: 06/17/2025 14:52 Received: 06/17/2025 14:52

Test Name	Result	Flag	Ref-Ranges	Units	Site
BK Virus DNA PCR, Quantitative, Plasma					
BK Virus DNA, Qualitative, Plasma	Not detected		Not detected		WMRL
BK Virus DNA, Quantitative, Plasma	<50		<50	IU/mL	WMRL
Log BK Virus DNA, Plasma	<1.70		<2.40	Log (10) IU/mL	WMRL

This test utilizes a polymerase chain reaction to amplify sequences from the VP1 regions of the BK virus genome. Real-time detection and quantification are used to determine the viral copy number. The analytical measurement range is 125 to 5 million copies/mL (2.10 to 6.70 log(10) copies/mL). The qualitative limit of detection is 100 copies/mL(1.78 log(10) copies/mL).

Specimens reported as “DETECTED” but <125 copies/mL contain detectable levels of BK virus DNA but the viral load is below the limit of quantitation. A “Not detected” result does not rule out infection.

This test uses commercial reagents that have not been approved or cleared by the FDA. The FDA has determined that such clearance or approval is not necessary. The performance characteristics of this procedure were determined by Warde Medical Laboratory.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

Reported Date: 06/17/2025 14:52 BKQNP

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H417000004
WX0000003827
Printed D&T: 06/17/25 14:52

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement	
Effective Date	7/29/2025
Inactivated Test	
Name	Renal Pathology Consultation
Code	RBMA
Legacy Code	RBMA
Interface Order Code	3515295
Replacement Test	
Name	Renal Pathology Consultation, Wet Tissue
Code	RPCWT
CPT Code(s)	Variable - may include: 88305, 88313, 88346, 88348, 88350
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Kidney biopsy *Specimen Preparation:* Please call Warde Medical Laboratory for special collection kit and collection instructions. *Minimum Volume:* Entire specimen *Transport Temperature:* See collection kit instructions
Stability	See collection kit instructions
Performing Information	
Methodology	Light Microscopy Electron Microscopy Immunohistology
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	12 - 25 days
Performing Laboratory	Mayo Clinic Laboratories
Interface Information	
Legacy Code	RPCWT
Interface Order Code	3800402

Result Code	Name	LOINC Code	AOE/Prompt
3800403	Interpretation	60570-9	No
3800404	Participated in the Interpretation		No
3800406	Report electronically signed by	19139-5	No
3800407	Addendum	35265-8	No
3800408	Gross Description	22634-0	No
3800409	Material Received	85298-8	No
3800411	Disclaimer	62364-5	No
3800412	Case Number	80398-1	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 07:08 Received: 06/18/2025 07:08

Test Name	Result	Flag	Ref-Ranges	Units	Site

Renal Pathology Consultation, Wet Tissue

Interpretation SEE BELOW MMRL

FINAL DIAGNOSIS
Kidney, needle biopsy: 1) Diffuse sclerosing and membranous lupus nephritis, ISN/RPS class IV-G (C) and class V. 2) Amyloidosis, compatible with AA type, involving vessels and glomeruli. See comment.

Electron microscopy will be reported as an addendum.

COMMENT
The biopsy shows approximately 50% global glomerulosclerosis as well as segmental glomerular scars in additional glomeruli, compatible with diffuse sclerosing lupus nephritis. No lupus disease activity is identified in the sample. Immunofluorescence shows an immune complex glomerulonephritis, compatible with lupus nephritis. By light microscopy, glomerular basement membrane pinholes are seen on a silver stain, indicative of an additional component of membranous lupus nephritis. In addition, Congo red positive material si seen in the vessels and segmentally in the glomeruli; this material shows staining for serum amyloid A by immunohistochemistry, compatible with AA amyloidosis.

MICROSCOPIC DESCRIPTION
LIGHT MICROSCOPY: Tissue sections are cut and stained with HandE, PAS, Masson trichrome and Jones methenamine silver to aid in the morphological interpretation. Sections reveal renal cortex and contain approximately 20 glomeruli, 10 of which are globally sclerotic. The glomeruli show mild to moderate mesangial hypercellularity and mesangial matrix expansion. Approximately six glomeruli show segmental scars. Hyaline is present in segmental capillary loops. No endocapillary hypercellularity, karyorrhectic debris, necrotizing lesions or crescents, or wire loop lesions are identified. Numerous glomerular capillary loops show basement membrane pinholes on a silver stain.
TUBULES AND INTERSTITIUM: Interstitial fibrosis with tubular atrophy affects approximately 40% of the sampled cortex. There is a focal sparse mononuclear inflammatory cell infiltrate in areas of interstitial fibrosis.

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 07:08 Received: 06/18/2025 07:08

Test Name	Result	Flag	Ref-Ranges	Units	Site

VESSELS: Arterioles show moderate to severe intimal hyalinosis as well as medial thickening. Sampled small arteries show focal mild fibrous intimal thickening.

IMMUNOFLUORESCENT HISTOLOGY: Tissue submitted for immunofluorescence contains approximately seven glomeruli, four to five of which are globally sclerotic. The glomeruli show granular mesangial and capillary loop staining for IgG (2+), IgM (2+), C3 (3+), and kappa (2+) and lambda (2+) light chains. there is trace granular mesangial staining for C1q. The glomeruli are negative for IgA> tubular epithelial cell nuclei show staining for IgG (tissue ANA). There is focal granular interstitial and tubular basement membrane staining for IgG, IgG, C3, and kappa and lambda light chains. The glomeruli are negative for fibrinogen. Staining for albumin is unremarkable.

Participated in the Interpretation — SEE BELOW — MMRL

RESULT: Test, Interpretation

Report electronically signed by — SEE BELOW — MMRL

MONIQUE GARZA

I verify that I have examined all relevant slides/materials for the specimen(s) and rendered or confirmed the diagnosis.

Addendum — . — MMRL

Gross Description — SEE BELOW — MMRL

Light Microscopy: Received in formalin for light microscopy: 1 piece(s) of tissue measuring 0.5 x 0.5 cm. Submitted in total in block(s) A1. (GEJ)

Electron Microscopy: Received in glutaraldehyde/Trumps for electron microscopy: 1 piece(s) of tissue measuring 0.2 x 0.1 cm. (GEJ)

Immunofluorescence: Received in Zeus for immunofluorescence: 1 piece(s) of tissue measuring 0.5 x 0.7 cm. Submitted in total for immunofluorescence. (GEJ)

Material Received — SEE BELOW — MMRL

1 - Formalin 10% wet tissue

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 06/18/2025 07:08 Received: 06/18/2025 07:08

Test Name	Result	Flag	Ref-Ranges	Units	Site
1 - Zeus wet tissue 1 - Gluta/Trumps wet tissue					
Disclaimer	SEE BELOW				MMRL

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements.
This test has not been cleared or approved by the U.S. Food and Drug Administration.

Case Number	KR-25-57				MMRL

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 06/18/2025 07:08 RPCWT

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement	
Effective Date	7/29/2025
Inactivated Test	
Name	Free Testosterone
Code	TESF
Legacy Code	TESF
Interface Order Code	1000822
Replacement Test	
Name	Testosterone, Free, Bioavailable and Total, MS
Code	TESB
CPT Code(s)	84403, 84270, 82040
Notes	New York DOH Approval Status: No **NOTE: This is an existing test offered at Warde Medical Laboratory.**
Specimen Requirements	
Specimen Required	*Collect*: Red top *Specimen Preparation*: Centrifuge, separate serum from cells and send 3.0 mL serum in a screw capped plastic vial. *Minimum Volume*: 2.0 mL *Transport Temperature*: Refrigerated
Rejection Criteria	Samples other than serum from plain red top collection tubes, serum separator tubes (SST), plasma samples, lipemic samples, hemolyzed samples, and samples received past stability.
Stability	Room temperature: 8 hours Refrigerated: 7 days Frozen: 2 months
Performing Information	
Methodology	Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS), Calculation, Nephelometry, Immunochemiluminescent Assay
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	3 - 6 days
Performing Laboratory	Warde Medical Laboratory
Interface Information	
Legacy Code	TESB
Interface Order Code	3000403

Result Code	Name	LOINC Code	AOE/Prompt
3000169	Testosterone, Total, LC/MS/MS	2986-8	No
3000404	Testosterone, Free		No
3000406	Testosterone, Bioavail		No
3000391	Sex Hormone Binding Globulin	13967-5	No
3000407	Albumin	1751-7	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Immunochemistry

Collected: 03/11/2025 07:58 Received: 03/11/2025 07:58

Test Name	Result	Flag	Ref-Ranges	Units	Site
Testosterone, Free, Bioavailable and Total, MS					
Testosterone, Total, LC/MS/MS	300		250 - 1100	ng/dL	WMRL
This test was developed and its performance characteristics determined by Warde Medical Laboratory in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration. This test is used for patient testing purposes. It should not be regarded as investigational or for research.					
Testosterone, Free	70.6		46.0 - 224.0	pg/mL	WMRL
Free and bioavailable testosterone are calculated from measured values of total testosterone, albumin, and SHBG. Total testosterone is measured by liquid chromatography-mass spectrometry (LC-MS/MS); albumin and SHBG are measured by immunoassay.					
Testosterone, Bioavail	129.9		110.0 - 575.0	ng/dL	WMRL
Sex Hormone Binding Globulin	15		13 - 90	nmol/L	WMRL
Albumin	4.0		3.5 - 5.2	g/dL	WMRL

Reported Date: 03/11/2025 08:00 TESB

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H111000000
WX0000003827
Printed D&T: 03/11/25 08:00

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement

Effective Date	7/29/2025

Inactivated Test

Name	BK Virus DNA PCR, Qualitative, Urine
Code	UBKQL
Legacy Code	BKQUALU
Interface Order Code	3092780

Replacement Test

Name	BK Virus DNA PCR, Qualitative, Urine
Code	BKQLU
CPT Code(s)	87798
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Random urine *Specimen Preparation:* Collect neat urine in a screw capped plastic container. Thoroughly mix urine by inverting or vortexing the collection cup immediately prior to transfer into the Alinity Urine Transport Tube. Use the plastic transfer pipette to transfer the urine until the liquid level falls within the fill window on the tube label. Urine must be transferred within 24 hours of collection. *Minimum volume:* 2.4 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Under- or over-filled tubes, urine specimens that have exceeded the 24-hour stability.
Stability	Neat Urine: Room temperature: 24 hours Refrigerated: 24 hours Frozen: Unacceptable Stabilized Urine: Room temperature: 90 days Refrigerated: 90 days Frozen: Unacceptable

Performing Information

Methodology	Polymerase Chain Reaction (PCR)
Reference Range	BKV QUAL: NOT DET (Not detected)
Performed Days	Monday - Friday
Turnaround Time	1 - 3 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code	BKQLU
Interface Order Code	3000447

Result Code	Name	LOINC Code	AOE/Prompt
3000446	BK Virus DNA, Qualitative, Urine	47251-4	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Molecular

Collected: 06/17/2025 14:50 Received: 06/17/2025 14:50

Test Name	Result	Flag	Ref-Ranges	Units	Site
BK Virus DNA PCR, Qualitative, Urine					
BK Virus DNA, Qualitative, Urine	**DETECTED**	**AB**	Not detected		WMRL

This test utilizes the polymerase chain reaction to amplify sequences from the VP1 region of the BK virus genome. The qualitative limit of detection is 100 copies/mL 2.00 log(10) copies/mL) A “Not detected” result does not rule out infection.

This test uses commercial reagents that have not been approved or cleared by the FDA. The FDA has determined that such clearance or approval is not necessary. The performance characteristics of this procedure were determined by Warde Medical Laboratory.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

Reported Date: 06/17/2025 14:50 BKQLU

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H417000003
WX0000003827
Printed D&T: 06/17/25 14:50

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test With Replacement			
Effective Date	7/29/2025		
Inactivated Test			
Name	BK Virus DNA PCR, Quantitative, Urine		
Code	UBKQN		
Legacy Code	BKQUANTU		
Interface Order Code	3092700		
Replacement Test			
Name	BK Virus DNA PCR, Quantitative, Urine		
Code	BKQNU		
CPT Code(s)	87799		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Random urine *Specimen Preparation:* Collect neat urine in a screw capped plastic container. Thoroughly mix urine by inverting or vortexing the collection cup immediately prior to transfer into the Alinity Urine Transport Tube. Use the plastic transfer pipette to transfer the urine until the liquid level falls within the fill window on the tube label. Urine must be transferred within 24 hours of collection. *Minimum Volume:* 2.4 mL *Transport Temperature:* Refrigerated		
Rejection Criteria	Under- or over-filled tubes, urine specimens that have exceeded the 24-hour stability.		
Stability	Neat Urine: Room Temperature: 24 hours Refrigerated: 24 hours Frozen: Unacceptable Stabilized Urine: Room temperature: 90 days Refrigerated: 90 days Frozen: Unacceptable		
Performing Information			
Methodology	Polymerase Chain Reaction (PCR)		
Reference Range	BKV QUAL: NOT DET (Not detected) BKV QUANT: <50 IU/mL Log BKV: <1.7 log (10) IU/mL		
Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	BKQNU		
Interface Order Code	3000444		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000441	BK Virus DNA, Qualitative, Urine	33978-8	No

3000442	BK Virus DNA, Quantitative, Urine	32285-9	No
3000443	Log BK Virus DNA, Urine	43201-3	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Molecular

Collected: 06/17/2025 15:23 Received: 06/17/2025 15:23

Test Name	Result	Flag	Ref-Ranges	Units	Site
BK Virus DNA PCR, Quantitative, Urine					
BK Virus DNA, Qualitative, Urine	**DETECTED**	**AB**	Not detected		WMRL
BK Virus DNA, Quantitative, Urine	**500**	**H**	<50	IU/mL	WMRL
Log BK Virus DNA, Urine	**2.70**	**H**	<2.40	Log (10) IU/mL	WMRL

This test utilizes a polymerase chain reaction to amplify sequences from the VP1 regions of the BK virus genome. Real-time detection and quantification are used to determine the viral copy number. The analytical measurement range is 125 to 5 million copies/mL (2.10 to 6.70 log(10) copies/mL). Specimens with viral loads greater than 5 million copies/mL are diluted to establish the endpoint. The qualitative limit of detection is 100 copies/mL(1.78 log(10) copies/mL).

Specimens reported as “DETECTED” but <125 copies/mL contain detectable levels of BK virus DNA but the viral load is below the limit of quantitation. A “Not detected” result does not rule out infection.

This test uses commercial reagents that have not been approved or cleared by the FDA. The FDA has determined that such clearance or approval is not necessary. The performance characteristics of this procedure were determined by Warde Medical Laboratory.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

Reported Date: 06/17/2025 15:23 BKQNU

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

H417000005
WX0000003827
Printed D&T: 06/17/25 15:24

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025

Inactivate Test Without Replacement	
Effective Date	7/21/2025
Name	HLA B-27 Genotyping (Confirmation)
Code	B27A
Legacy Code	HLAB27A
Interface Code	3511330
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	7/21/2025
Name	Lactic Acid, Plasma
Code	LACPL
Legacy Code	LACPL
Interface Code	3600036
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	7/21/2025
Name	ThinPrep with reflex to HPV High Risk E6/E7
Code	TPRHH
Legacy Code	TPRHH
Interface Code	3600039
Notes	Test discontinued.